Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/29/10</u>	Address:	1449 Chestnut Street
Case #:	42F-30480		Columbus, IN 47201
County:	Bartholomew		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): open air			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: open air			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: vehicle/open air			
Hydrochloric Acid Gas Generator(s): bedroom & open air			
Corrosive Acid: vehicle & open air			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Columbus Fire	Fax: 812-376-2679 Fax: (812) 379-1040 Fax:	
Health Depa	artment: Bartholomew Co		
Child Prote	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.